

FILED FEB 5 1942

State File No. \_\_\_\_\_

Registration District No. 470

Primary Registration District No. 5567

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Lincoln Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 10 mi. south of Golden City  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No (Specify whether)  
In this community 71 years (years, months or days)

3. (a) PRINT FULL NAME Rosella Eruin  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Virgil Eruin 6. (c) Age of husband or wife if alive deceased  
7. Birth date of deceased Sept. 19 1846  
(Month) (Day) (Year)

8. AGE: Years 95 Months 10 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace 1 Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Home

MOTHER FATHER { 12. Name William Meyers  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Meyers  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Eruin  
(b) Address Golden City, Mo. Rt. #1

17. (a) Burial (b) Date thereof 12/23/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ordenville

18. (a) Signature of funeral director Oscar L. Marsh  
(b) Address Golden City, Missouri

19. (a) Jan. 17, 1942 (b) Clara E. Carns  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. 10 mi. S. Golden City (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
year 1941 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec. 19 - 1941 to Dec. 21 - 1941  
that I last saw her alive on Dec. 21 - 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Chronic Valvular Heart Disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 938  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. A. Hope (M. D. or other) \_\_\_\_\_  
Address Golden City, Mo. Date signed 2-24-42

42-1-1166

RECEIVED

District Health Officer No. 6,

District File Number

Date Filed JAN 13 1942

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Forest Klipper*

Licensed Embalmer No.

4226

P. O. Address

*Quincy, Mo.*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.